**COE Learning Network:** High Need Clients and Clinical Capacity Building

**Presenters:**Kevin Moore; Nick Wood

**Date and Time:** 05/04/2022 12:00 Noon to 1:15 pm

**Draft slides:** April 4th

**Final slides:** 1 week before the session (4/27)

**Location:**Virtual Training (on Zoom)

**Host:**University of Pittsburgh, School of Pharmacy, Program and Evaluation Unit (PERU)

**Target Audience:**Centers of Excellence Leadership and Staff

**Training Objectives:**

* Define high need clients
* Describe COE models that address high need clients
* Describe ways to prioritize needs among high risk clients
* Discuss ideas for capacity building at COEs who work with high need clients

**Agenda:**

1. Welcome, Introductions, Training Objectives
2. Definitions
3. Courage
   1. General overview of the community served by the COE
   2. How clients are assessed for needs
   3. How needs are addressed
   4. Case discussion? If there is time.
4. AIDS Care Group
   1. General overview of the community served by the COE
   2. How clients are assessed for needs
   3. How needs are addressed
   4. Case discussion? If there is time.
5. Capacity Building Recommendations
   1. Courage
   2. AIDS Care Group

**Questions:**

1) The definition of high risk includes which of the following?

A: A general likelihood of a physical dependence

B: An imminent likelihood of actual bodily harm

C: Previous use of MOUD

D: All of the above

2) If a patient is higher need, what do they need quicker?

A: Treatment

B: Assessment

C: Motivation

D: Therapeutic Alliance

3) If you don't have any mental health services, what is one low cost way of adding trauma-informed practices to your agency?

A: Hire a local mental health practitioner to provide consultation to a weekly case conference

B: Apply for grants

C: Hire more clinicians

D: Pay for the tuition costs so current staff can complete accelerated PhD programs

4) What is the open access schedule described by Courage Medicine?

A: Clients can schedule appointments on weekends

B: Clients can see any clinician they would like

C: There are appointment days, not times, and patients can come at the “wrong” time

D: Clients schedule their appointments through an online portal

5) SAMHSA’s four major dimensions of recovery that are used by AIDS Care Group during assessment include which of the following?

A: MOUD, MAT, Risk Assessment, and Retention

B: CRS services, Psychotherapy, Care Management, and Referrals

C: Motivation, Reduction of Barriers, Retention and Referrals

D: Health, Home, Purpose, and Community

**References:**

Cook, P., Dogoloff, M. L., Harteker, L., Nelson, A. E., Paul, M. M., Shuman, D. J., ... & Nguyen, Y. (1998). Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 27.

Jhanjee, S. (2014). Evidence based psychosocial interventions in substance use. *Indian journal of psychological medicine*, *36*(2), 112-118.

Newcomer, R., Arnsberger, P., & Zhang, X. (1997). Case management, client risk factors and service use. *Health care financing review*, *19*(1), 105–120.

SAMHSA. (n.d.). *Recovery and recovery support*. SAMHSA. Retrieved April 4, 2022, from https://www.samhsa.gov/find-help/recovery

Stokes, J., Panagioti, M., Alam, R., Checkland, K., Cheraghi-Sohi, S., & Bower, P. (2015). Effectiveness of Case Management for 'At Risk' Patients in Primary Care: A Systematic Review and Meta-Analysis. *PloS one*, *10*(7), e0132340. https://doi.org/10.1371/journal.pone.0132340